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**To: U.S. Patent and Trademark Office
MS Amendment****Facsimile: (703) 872-9306****From: Kate H. Murashige****Date: December 20, 2004**

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Comments:

Attorney Docket: 220002016004
Group Art Unit: 1647
Examiner: C. Saoud
Serial No.: 08/487,312
Filing Date: June 7, 1995
Inventor(s): Walter L. MILLER et al.
Title: BOVINE GROWTH HORMONE

Papers attached:

1. Transmittal Form PTO/SB/21 (1 page)
2. Fee Transmittal PTO/SB/17 (1 page + duplicate)
3. Voluntary Amendment (6 pages)
4. Copy of Goeddel, D.V., et al., Nature (1979) 281:544 (5 pages);
5. Copy of U.S. Patent No. 4,658,021 (13 pages)

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PTO/SB/21 (09-04)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	08/487,312	
	Filing Date	June 7, 1995	
	First Named Inventor	Walter L. MILLER	
	Art Unit	1647	
	Examiner Name	C. Saoud	
Total Number of Pages in This Submission	28	Attorney Docket Number	220002016004

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page + duplicate for fee processing) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (6 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of Goeddel, D.V., et al., Nature (1979) 281:544 (5 pages); Copy of U.S. Patent 4,658,021 (13 pages); Fax cover to PTO, MS Assignments (1 page)
Remarks Customer No. 25225		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature	<i>Kate H. Murashige</i>		
Printed name	Kate H. Murashige		
Date	December 20, 2004	Reg. No.	29,959

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, MS Amendment, facsimile No. (703) 872-9306, on the date shown below.	
Dated: December 20, 2004	Signature: <i>Marian L. Christopher</i> (Marian L. Christopher)

sd-236035

PTO/SB/17 (11-04)

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FEE TRANSMITTAL for FY 2005 <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	08/487,312
TOTAL AMOUNT OF PAYMENT (\$) 36.00		Filing Date	June 7, 1995
		First Named Inventor	Walter L. MILLER
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METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																				
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None <div style="margin-left: 20px;"> Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP </div> The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments To the above-identified deposit account. <input type="checkbox"/> Other (please identify): _____	2. EXTRA CLAIM FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Fee Description</th> <th style="text-align: right; border-bottom: 1px solid black;">Fee (\$)</th> <th style="text-align: right; border-bottom: 1px solid black;">Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr><td>Each claim over 20</td><td style="text-align: right;">18</td><td style="text-align: right;">9</td></tr> <tr><td>Each independent claim over 3</td><td style="text-align: right;">88</td><td style="text-align: right;">44</td></tr> <tr><td>Multiple dependent claims</td><td style="text-align: right;">300</td><td style="text-align: right;">150</td></tr> <tr><td>For Reissues, each claim over 20 and more than in the original patent</td><td style="text-align: right;">18</td><td style="text-align: right;">9</td></tr> <tr><td>For Reissues, each independent claim more than in the original patent</td><td style="text-align: right;">88</td><td style="text-align: right;">44</td></tr> <tr> <td>Total Claims</td> <td style="text-align: right;">Extra Claims</td> <td style="text-align: right;">Fee (\$)</td> </tr> <tr> <td>22 - 20 or HP =</td> <td style="text-align: right;">2 x</td> <td style="text-align: right;">18.00 = 36.00</td> </tr> <tr> <td colspan="3"><small>HP= highest number of total claims paid for, if greater than 20</small></td> </tr> <tr> <td>Indep. Claims</td> <td style="text-align: right;">Extra Claims</td> <td style="text-align: right;">Fee (\$)</td> </tr> <tr> <td>1 - 3 or HP =</td> <td style="text-align: right;">x</td> <td style="text-align: right;">= 0.00</td> </tr> <tr> <td colspan="3"><small>HP= highest number of independent claims paid for, if greater than 3</small></td> </tr> <tr> <td>Multiple Dependent Claims</td> <td style="text-align: right;">Fee (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> </tr> <tr> <td colspan="2" style="text-align: right;">Subtotal (2) \$</td> <td style="text-align: right;">36.00</td> </tr> </tbody> </table>	Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	18	9	Each independent claim over 3	88	44	Multiple dependent claims	300	150	For Reissues, each claim over 20 and more than in the original patent	18	9	For Reissues, each independent claim more than in the original patent	88	44	Total Claims	Extra Claims	Fee (\$)	22 - 20 or HP =	2 x	18.00 = 36.00	<small>HP= highest number of total claims paid for, if greater than 20</small>			Indep. Claims	Extra Claims	Fee (\$)	1 - 3 or HP =	x	= 0.00	<small>HP= highest number of independent claims paid for, if greater than 3</small>			Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	Subtotal (2) \$		36.00																																										
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SUBMITTED BY				
Signature	<i>Kate H. Murashige</i>	Registration No. (Attorney/Agent)	29,959	Telephone (858) 720-5112
Name (Print/Type)	Kate H. Murashige	Date	December 20, 2004	

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2005</h3> <p style="font-size: small; margin: 5px 0;">Effective 10/01/2004. Patent fees are subject to annual revision.</p>		Complete if Known	
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TOTAL AMOUNT OF PAYMENT	(\$)	36.00	

<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None </p> <p> Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP </p> <p>The Director is authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments </p> <p>To the above-identified deposit account.</p> <p><input type="checkbox"/> Other (please identify): _____</p>	<p>FEE CALCULATION (continued)</p> <p>2. EXTRA CLAIM FEES</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: right;">Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20</td> <td style="text-align: right;">18</td> <td style="text-align: right;">9</td> </tr> <tr> <td>Each independent claim over 3</td> <td style="text-align: right;">88</td> <td style="text-align: right;">44</td> </tr> <tr> <td>Multiple dependent claims</td> <td style="text-align: right;">300</td> <td style="text-align: right;">150</td> </tr> <tr> <td>For Reissues, each claim over 20 and more than in the original patent</td> <td style="text-align: right;">18</td> <td style="text-align: right;">9</td> </tr> <tr> <td>For Reissues, each independent claim more than in the original patent</td> <td style="text-align: right;">88</td> <td style="text-align: right;">44</td> </tr> </tbody> </table> <p> Total Claims Extra Claims Fee (\$) Fee Paid (\$) 22 - 20 or HP = 2 x 18.00 = 36.00 HP = highest number of total claims paid for, if greater than 20 </p> <p> Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 1 - 3 or HP = x = 0.00 HP = highest number of independent claims paid for, if greater than 3 </p> <p>Multiple Dependent Claims Fee (\$) Fee Paid (\$)</p> <p align="right">Subtotal (2) \$ 36.00</p>	Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	18	9	Each independent claim over 3	88	44	Multiple dependent claims	300	150	For Reissues, each claim over 20 and more than in the original patent	18	9	For Reissues, each independent claim more than in the original patent	88	44
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<p>FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: right;">Small Entity Fee (\$)</th> <th style="text-align: right;">Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility Filing Fee</td> <td style="text-align: right;">790</td> <td style="text-align: right;">395</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Design Filing Fee</td> <td style="text-align: right;">350</td> <td style="text-align: right;">175</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Plant Filing Fee</td> <td style="text-align: right;">550</td> <td style="text-align: right;">275</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Reissue Filing Fee</td> <td style="text-align: right;">790</td> <td style="text-align: right;">395</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Provisional Filing Fee</td> <td style="text-align: right;">160</td> <td style="text-align: right;">80</td> <td style="text-align: right;">_____</td> </tr> <tr> <td align="right" colspan="3">Subtotal (1) \$</td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table>	Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)	Utility Filing Fee	790	395	_____	Design Filing Fee	350	175	_____	Plant Filing Fee	550	275	_____	Reissue Filing Fee	790	395	_____	Provisional Filing Fee	160	80	_____	Subtotal (1) \$			0.00	<p>3. OTHER FEES</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: right;">Small Entity Fee (\$)</th> <th style="text-align: right;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1-month extension of time</td> <td style="text-align: right;">110</td> <td style="text-align: right;">55</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>2-month extension of time</td> <td style="text-align: right;">430</td> <td style="text-align: right;">215</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>3-month extension of time</td> <td style="text-align: right;">980</td> <td style="text-align: right;">490</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>4-month extension of time</td> <td style="text-align: right;">1,530</td> <td style="text-align: right;">765</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>5-month extension of time</td> <td style="text-align: right;">2,080</td> <td style="text-align: right;">1,040</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Information disclosure stmt. Fee</td> <td style="text-align: right;">180</td> <td style="text-align: right;">180</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>37 CFR 1.17(q) processing fee</td> <td style="text-align: right;">50</td> <td style="text-align: right;">50</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Non-English specification</td> <td style="text-align: right;">130</td> <td style="text-align: right;">130</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Notice of Appeal</td> <td style="text-align: right;">340</td> <td style="text-align: right;">170</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Filing a brief in support of appeal</td> <td style="text-align: right;">340</td> <td style="text-align: right;">170</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Request for oral hearing</td> <td style="text-align: right;">300</td> <td style="text-align: right;">150</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Other: _____</td> <td></td> <td></td> <td style="text-align: right;">_____</td> </tr> <tr> <td align="right" colspan="3">Subtotal (3) \$</td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table>	Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid	1-month extension of time	110	55	_____	2-month extension of time	430	215	_____	3-month extension of time	980	490	_____	4-month extension of time	1,530	765	_____	5-month extension of time	2,080	1,040	_____	Information disclosure stmt. Fee	180	180	_____	37 CFR 1.17(q) processing fee	50	50	_____	Non-English specification	130	130	_____	Notice of Appeal	340	170	_____	Filing a brief in support of appeal	340	170	_____	Request for oral hearing	300	150	_____	Other: _____			_____	Subtotal (3) \$			0.00
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SUBMITTED BY					
Signature		Registration No. (Attorney/Agent)	29,959	Telephone	(858) 720-5112
Name (Print/Type)	Kate H. Murashige			Date	December 20, 2004

**Duplicate Copy
For Fee Processing**

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I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, MS Amendment, facsimile No. (703) 872-9308, on the date shown below.

Dated: December 20, 2004

Signature:


(Marian L. Christopher)Docket No.: 220002016004
(PATENT)**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:

Walter L. MILLER et al.

Application No.: 08/487,312

Filed: June 7, 1995

For: BOVINE GROWTH HORMONE

Art Unit: 1647

Examiner: Christine J. Saoud

VOLUNTARY AMENDMENT

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed with this submission are Goeddel, D. V., *et al.*, *Nature* (1979) 281:544; and
U.S. patent 4,658,021.

Prior to examination of the claims in the reopened prosecution, please amend the claims as
follows:

sd-235258